

HOUSE COMMITTEE ON VETERANS AFFAIRS

Oversight hearing on post-traumatic stress disorder among veterans

June 7, 2017

Good morning, my name is Zach Iscol and I am a former U.S. Marine, Iraq War veteran, and the co-founder of the Headstrong Project.

I would like to start by thanking Chairman Dr. David Roe; ranking member, Rep. Tim Walz; and fellow members of the Committee on Veterans Affairs for the opportunity to speak today about Headstrong and the work we do providing world-class, effective, cost, and bureaucracy-free mental health care to our fellow veterans.

Like my beloved Marine Corps, which was founded in Tun Tavern in Philadelphia, Headstrong began in a bar.

In early 2012, I was catching up with my battalion commander, Colonel Willy Buhl, who commanded 3rd Battalion, 1st Marines during the Second Battle of Fallujah. We lost 33 Marines during that deployment and about half the battalion, 500 men, were wounded. By 2012, we had also tragically lost a number of Marines to suicide and Colonel Buhl remarked to me that he was worried we would soon lose more Marines to suicide than we had to enemy action. Today, that count stands at 23 Marines. For us, this work is deeply personal.

Two days later, I relayed this story to two very successful investors, and later co-founders of Headstrong, from Kayne Anderson Capital, a leading investment firm. One of them remarked that he didn't understand why it was so difficult for our veterans to receive the same type of world-class care he could. If he could see the top psychiatrist in New York City tomorrow, regardless of insurance, rates, or schedule, why couldn't a veteran?

Answering that question became the foundation of the Headstrong Project.

Within a few months, we raised \$200,000 and formed a partnership with Weill Cornell Medicine to treat Iraq and Afghanistan veterans in New York City. Since then, we have provided 5,559 clinical sessions, grown to 198 active clients, have expanded our treatment programs to San Diego, Houston, Chicago, and Washington, D.C., through a network of over 80 world-class private practice providers.

Most importantly, we have not had a single suicide.

Prior to our expansion efforts, we intentionally grew slowly to ensure that our model was effective. Among the forty-seven thousand veteran service organizations in our country, there is no shortage of good will, but there is also no shortage of half-baked ideas, ineffective awareness campaigns, or fundraiser efforts without a foundation of solid programming. For us, it was critically important that we build a program that works before attempting scale.

We will be opening in Denver and Colorado Springs within the next month and recently received a grant from the New York State Health Foundation to begin providing care to veterans in rural

areas of New York state through a hybrid of telemedicine and in-person treatment. By the end of the year, we will be in two additional cities and have plans to expand to 20 within the next 24 months.

Our model is simple, effective, and highly efficient. On average, it costs less than \$5,000 to treat one veteran and \$250,000 to expand to a new market. All treatment is tailored to the needs of the individual and managed by our team at Weill Cornell Medicine. We do not limit the number of sessions.

In New York, all care is provided at Weill Cornell Medicine. In other locations, we've built networks of the top psychiatrists, psychologists, and social workers to provide care. Instead of spending millions on building brick and mortar clinics that are often staffed by inexperienced recent graduates, we tap into the capacity of the private market to provide care. These are the same doctors that members of this committee would send their loved ones to should, God forbid, they needed it. These clinicians must meet a very high standard of experience, training, and qualifications. They are also vetted, interviewed, and managed by our team at Weill Cornell.

We then pay these clinicians to provide care. In return, we require that they submit their notes to our clinical team at Weill Cornell and that they participate in case conferences. This ensures that we are able to manage care to ensure our veterans are getting better and that we have accountability of outcomes. Through these networks we are able to provide a variety of evidence based treatments including eye movement desensitization and Reprocessing (EMDR) and cognitive behavioral therapy (CBT)*, drug and alcohol treatment, group therapy, and spouse and family support.

When a veteran reaches out to us, we respond almost immediately and schedule an initial intake call with one of two clinicians at Weill Cornell. During that call, our clinician works to understand the underlying reasons a veteran is reaching out and to ensure they are not in immediate danger to themselves or others. We do not require any paperwork or insurance and provide care regardless of the type of military discharge.

After their phone intake, our clients meet with a psychiatrist in their community to ensure they are a good fit for outpatient care, to begin understanding their goals (i.e., sleeping through the night, improved relationship with their spouse, addressing substance abuse, dealing with anxiety, etc.), and to develop an individually tailored treatment program. The veteran then begins treatment with one of our clinicians that may include substance abuse treatment, group therapy, and other non-clinical activities like yoga, rock climbing, kayaking, and other sports and mind-body techniques.

While undergoing treatment, our clinical team at Weill Cornell Medicine closely monitors the veteran's progress to make adjustments to care and to ensure our client is getting better. This work is not done in a vacuum, but is done in coordination with the client and their clinical team.

While this might seem expensive, it's not. More importantly, it is also very effective.

In addition to their notes and case conference participation, all clinicians are required by Headstrong to submit data tracking forms developed by public health experts at Weill Cornell Medicine to measure symptom severity and improvement. Outcome data analyzed in 2014, which only corresponded to clients in New York City, demonstrated the following impact measurements:

- 86% better sleep
- 89% fewer flashbacks and nightmares
- 85% less hypervigilant
- 88% reduction in avoidance
- 92% reduction in suicidal ideation
- 91% improvement in mood
- 95% improvement in work or at school
- 89% reduction in drug and alcohol use
- 78% reduction of medication for symptoms

In 2016, Headstrong analyzed impact data for both San Diego and New York and found the following measurements[†]:

- 75% better sleep
- 83% fewer flashbacks and nightmares
- 71% less hypervigilant
- 68% reduction in avoidance
- 86% reduction in suicidal ideation
- 87% improvement in mood
- 77% improvement in work or at school
- 80% less drug and alcohol use
- 67% reduction of medication for symptoms.

I am also proud to say that our number one source of referrals is veterans referring other veterans to our program. We also have a great relationship with some VA hospitals, in cities like San Diego and Houston, which have become important referral partners. We would like to be able to formalize a partnership with the Department of Veteran Affairs, so that we can have the same relationship with have with all VA hospitals that we currently have with a few.

In the special operations community, we adhere to five SOF Truths.

- Humans are more important than hardware
- Quality is better than quantity
- Special operations forces cannot be mass produced
- Competent special operations forces cannot be created after emergencies occur
- Most special operations require non-SOF assistance

I believe these are equally true in providing effective mental healthcare to our nation's veterans and that these truths are the backbone of what makes Headstrong work so effectively. There is no simple app that will solve this problem, instead it requires talented and dedicated humans.

The quality of the providers matters immensely and you cannot produce great clinicians overnight or after a national emergency like the current suicide epidemic. And finally, our network is only effective if it is supported by other veteran service organizations, donors, our community, and the VA.

I would add that this human factor extends to the veterans we treat. Our medical director and co-founder, Dr. Ann Beeder, a leading trauma and substance abuse psychiatrist, professor at Weill Cornell, and public health expert, often remarks that in her 30-year career veterans represent the best patients she has had the honor of working with. They are goal-oriented, hard-working, and follow the doctor's orders. Remarkably, once they start getting better, they look for ways to continue to serve and give back.

Often a veteran will reach out to us, usually a Navy SEAL, Ranger, or Marine, and want assurances that our program is completely confidential. They will often remark that they are only reaching out because their spouse threatened to leave them if they didn't talk to someone. After a few weeks of treatment, they are sleeping through the night. Then their anxiety goes away and they no longer need to drink or self-medicate to calm their nerves. Soon, they are back to the best version of themselves and then something remarkable happens and they become ambassadors to Headstrong. They start talking about their therapy, telling their buddies about it, and look for ways to get others to get the help they need and overcome the stigma with getting help.

In my own journey, I've learned that one of the biggest barriers to care is that many do not recognize mental health care as real medicine. I am not talking about drugs or pharmaceuticals, but the hard work that goes into healing and repairing the effects of combat and moral injury on our brain and nervous system. Hidden wounds can be healed.

At Headstrong, we firmly believe that if you have the courage to get help, and you get the right help, you can recover and get back to the best version of yourself. Our clients will tell you this takes hard work, but it is worth all the effort.

Thank you for your time and thank you for your efforts on behalf of our community,

Zachary Iscol
Co-founder and Executive Director
The Headstrong Project

HEADSTRONG PROJECT CLIENT TESTIMONIALS

"Headstrong Project understands how to treat veterans...saved my life when no other administration wanted to. My wife and children thank you. " –Client

"My wife and I are expecting a baby in October. I wanted to let you know that without Headstrong in my life there is a good chance this would have never happened for us. There were real doubts when I was going through my PTSD if I could raise a child in a healthy home. I am completely confident in my own health and my ability to raise children in a loving home because of Headstrong." –Former Client

"I am deeply impressed with how amazing an operation you all are running. It was a gigantic weight off my shoulder to have an organization who actually lived up to their promise. Thank you" –Client

* Eye Movement Desensitization and Reprocessing (EMDR) and Cognitive Behavioral Therapy (CBT) are the two treatment modalities recommended by the Department of Veteran Affairs' National Center for PTSD. <https://www.ptsd.va.gov/public/treatment/therapy-med/treatment-ptsd.asp>

† 2016 numbers were lower than 2014 because many of our San Diego clients had been through some treatment already outside of Headstrong and were therefore starting treatment with some level of improvement than many of our New York clients, who were starting treatment for the first time.